Name of Person reporting: _____ Date Submitted to UDOH: _____

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: ( ) - Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ __ - ___ ___ - ___ ___ ___ ___

Only data from lower portion of form will be transmitted to CDC

State: _____ County: _____ Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

☐ Amer Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

ETHNICITY:
Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

SEX: Male ☐ Female ☐ Unk ☐ **PLACE OF BIRTH:** ☐USA ☐Other:_____

DATE OF BIRTH: __ __ / __ __ / __ __ __ __ **AGE:** ___ ___ **(years) (00= <1yr , 99= Unk)**

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date :__ __ / __ __ / __ __ __ __

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
if yes, onset date: _ __ / __ __ / __ __ __ __			
Was the patient			
• Jaundiced? .....Total Bilirubin result: _____	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐
due date : __ __ / __ __ / __ __ __ __			
Did the patient die from hepatitis?	☐	☐	☐
• Date of death: __ __ / __ __ / __ __ __ __			

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
- anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Result _____ Upper limit normal_____
- AST [SGOT] Result _____ Upper limit normal_____
- Date of ALT result __ __ / __ __ / __ __ __ __
- Date of AST result __ __ / __ __ / __ __ __ __

• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Yes	No	Unk
	☐	☐	☐

DIAGNOSIS: (Check all that apply)

☐ Acute hepatitis A
☐ Acute hepatitis B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

Patient History- Acute Hepatitis A **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐

STATE CASE NO. _____

During the **2-6 weeks** prior to onset of symptoms-	Yes	No	Unk
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	☐	☐	☐
If yes, was the contact (check one)			
• household member (non-sexual)	☐	☐	☐
• sex partner	☐	☐	☐
• child cared for by this patient	☐	☐	☐
• babysitter of this patient	☐	☐	☐
• playmate	☐	☐	☐
• other _____	☐	☐	☐
Was the patient			
• a child or employee in a day care center, nursery, or preschool ?	☐	☐	☐
• a household contact of a child or employee in a day care center, nursery or preschool ?	☐	☐	☐
If yes for either of these, was there an identified hepatitis A case in the child care facility?	☐	☐	☐

Please ask both of the following questions regardless of the patient's gender.

In the **2- 6 weeks** before symptom onset how many	0	1	2-5	>5	Unk
• male sex partners did the patient have?	☐	☐	☐	☐	☐
• female sex partners did the patient have?	☐	☐	☐	☐	☐

In the **2- 6 weeks** before symptom onset	Yes	No	Unk
Did the patient inject drugs not prescribed by a doctor?	☐	☐	☐
Did the patient use street drugs but not inject?	☐	☐	☐
Did the patient **travel** outside of the U.S.A. or Canada	☐	☐	☐
• If yes, where? 1) _____ 2) _____ (Country) 3) _____			
In the **3 months** prior to symptom onset Did anyone in the patient's household travel outside of the U.S. A. or Canada?	☐	☐	☐
• If yes, where? 1) _____ 2) _____ (Country) 3) _____			
Is the patient suspected as being part of a common-source outbreak?	☐	☐	☐
If yes, was the outbreak			
Foodborne- associated with an infected food handler	☐	☐	☐
Foodborne - **NOT** associated with an infected food handler	☐	☐	☐
• specify food item _____			
Waterborne	☐	☐	☐
Source not identified	☐	☐	☐
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	☐	☐	☐

VACCINATION HISTORY

	Yes	No	Unk
Has the patient ever received the hepatitis A vaccine ?	☐	☐	☐
• If yes, how many doses?	1 ☐	≥ 2 ☐	
• In what year was the last dose received?	☐☐☐☐		
Has the patient ever received immune globulin ?	☐	☐	☐
• If yes, when was the last dose received? _____ / _____ (mo / yr)			